

Principal Residence Exemption (PRE) Audit Questionnaire

Issued under authority of Public Act 206 of 1893.

Information requested relates to the property listed in Part 1.

Return completed form to: PRE Audit Center, 869 South Old US 23, Suite 600, Brighton, MI 48114,
or e-mail* to HPRE@tma1.com

PART 1: PROPERTY INFORMATION

Street Address: <<Auto text>>

City: <<Auto text>>

State, Zip: <<Auto text>>

Parcel ID: <<Auto text>>

PART 2: RESIDENT INFORMATION

Certification of residence at the address listed in Part 1.

Last Name	First Name & Middle Name	Daytime Phone
I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Property Manager <input type="checkbox"/> Other - Describe:	This Property Is My: <input type="checkbox"/> Principal Residence <input type="checkbox"/> Part-Year Residence <input type="checkbox"/> Vacant Land (next to my home) Purchase Date: _____	Michigan Driver's License Number Driver's License Expiration Date

PART 3: OWNERSHIP INFORMATION

List all owners of property as they appear on the deed.

Last Name	Middle	First Name	Check whether owner resides at the address listed in Part 1.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship of property owners listed in Part 3:

<input type="checkbox"/> Married	<input type="checkbox"/> Family	<input type="checkbox"/> Partnership, LLC, Corp., etc.
<input type="checkbox"/> Joint Owners	<input type="checkbox"/> Trust	<input type="checkbox"/> Other – Describe:

Do any of the property owners own any other property which receives a PRE? ☐ Yes ☐ No

If yes, enter the individual's name and the address of the property receiving the PRE.

Last Name	Middle	First Name
Street Address	City	State ZIP Code

Do any property owners own property outside Michigan? ☐ Yes ☐ No

• If yes, enter below the individual's name and the address of the property.

• Does this property have a similar exemption or credit? ☐ Yes ☐ No

Last Name	Middle	First Name
Street Address	City	State ZIP Code

If the property listed in Part 1 is a Trust, is it a revocable trust? ☐ Yes ☐ No

Enter below the name of the primary beneficiary of the Trust and the date property was purchased.

Last Name	Middle	First Name	Purchase Date
-----------	--------	------------	---------------

Use the reverse side of this Questionnaire to provide any additional information regarding the claimed exemption.

**Disclaimer: E-mail is not a secure method of transmitting personal or confidential information. Ensure that the intended recipient's e-mail address is correct.*